

# Urban Sanitary District of Royton.

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## REPORT

OF THE

# MEDICAL OFFICER OF HEALTH,

FOR THE YEAR 1893.

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Presented to the Sanitary and Surveyor's Committee of the Royton Local Board, on Monday, January 29th, 1894, and published by order of the said Committee.

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### AREA AND POPULATION OF THE DISTRICT:

	Area in Acres	Population, 1891 Census.
Township of Royton ... ..	1,372	12,568
Township of Thornham (part of) ... ..	740	827
TOTALS ... ..	2,112	13,395

THOMAS BLEASDALE,

CLERK, ROYTON LOCAL BOARD.

*Clerk's Office,  
Town Hall, Royton.*



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*To the Chairman and Members of the Sanitary and  
Surveyor's Committee of the Royton Local  
Board:*

GENTLEMEN,

I have the honour to present you with my Report  
for the year 1893.

During the year we have seen the necessity for having a good Hospital at our disposal, as we have had no less than 46 cases of Smallpox to deal with. Fortunately, we have been able to remove our cases to Westhulme Hospital, and thus prevent a general epidemic. These cases have arisen in different parts of the township, and most of the patients seem to have got the disease in Oldham. Prompt removal to Hospital and vaccination or re-vaccination of the other members of the family, when done in time, checked the spread of the disease. At the end of December, Dr. Niven, the Medical Officer of Health for Oldham, informed me that no more Smallpox patients could be received from Royton; if there had not been a new Hospital built at Cinder Hill, for Chadderton, we might have been in a difficulty about the removal of patients. This new Hospital has been built a short distance from the site recommended by your representatives as a suitable one for an Infectious Diseases Hospital. In January, 1894, a meeting of representatives of the Chadderton, Crompton, and Royton Local Boards was held, and it was resolved to recommend their various Boards to form a Joint Hospital Board, much to my personal satisfaction. I am sure that your Board will agree to this resolution as it was favourable to such a proceeding before, and that application will soon be made to the Lancashire County Council, under the Isolation Hospitals' Act, 1893, to form the three districts into a Joint Board for Hospital



purposes. This will be a much more expeditious plan than applying to the Local Government Board for a Provisional Order, which could only be obtained after great delay, whereas a few weeks will settle matters with the County Council. This scheme, if agreed upon, it is hoped will gradually develop and new buildings will be built for the accommodation of Scarlet Fever patients, and occasional cases of Croup, Diphtheria, or Enteric Fever as required. A Disinfector will have to be provided as speedily as possible, and it should be erected near the Hospital. At one time I thought that Royton might have a Disinfector built at the Sewage Works, but it will be much better to have a Joint Disinfector at the Hospital.

#### Smallpox

I will now continue with what I have to say concerning the Smallpox epidemic. I have already said that removal to Hospital, and vaccination or re-vaccination, when done in time, prevented the spread of the disease. In only a very few instances did the disease spread from one person to another in Royton. The first of these cases was that of a baby who caught the disease from its brother. The baby had been brought into the house to be vaccinated, as before related in the Annual Report for 1892, and was vaccinated in only one place and that a failure. The next was an unvaccinated girl in Edge Lane Hollow, who probably got the disease from a man next door. I vaccinated this household and there was no further spread there. The next instance was where a child in Royley was supposed to be suffering from Measles, and some days elapsed before medical advice was summoned. This child was unvaccinated, and the father and another unvaccinated child took the disease in 9 or 10 days afterwards. There was no further spread from this focus. The next instance was in a family where the mother, a woman aged 60, had a very mild attack, and infected her husband, son and daughter. The son's case was reported, and it was only on visiting the house that I discovered the husband and daughter had Smallpox, and that the mother had had the disease. About a fortnight afterwards, an unvaccinated child who lived next door sickened of the disease.

There was no further spread from this focus unless it was at this place that one of our employees got the disease. The next instance was where one man gave the disease to five others. It was a mild case and the patient would not have any medical advice until his landlady sent for me, suspecting the man had Smallpox. When I went I found the man was in a public-house. He was removed to Hospital as speedily as possible, but by this time he had infected three other persons who lived in the same house, and two men who had been in the public-house with him. These are all the instances in which the disease, as far as I could gather, spread from one person to another in Royton. I visited every house where a case was reported from, and in only one instance, that of the woman who infected her husband, son, and daughter, did I come across an overlooked case.

All the other cases got the disease outside the township, or from tramps or beggars passing through.

Four of the patients removed to Westhulme Hospital died there.

We have had 30 cases of Scarlet Fever during the year. This is a disease which one year after another causes a serious amount of sickness and death. Provision will have to be made for the isolation of cases, especially cases arising in the families of shopkeepers, as on several occasions I have had great difficulty in maintaining complete isolation. Isolation in Scarlet Fever is most necessary when a patient is desquamating and able to leave bed, as then is the time the disease is spread and the attendants liable to carry away infection on their clothing. The difficulty of isolation arises with the attendants, who are willing enough to be isolated with the patient while the acute stage lasts, but as soon as this stage passes they begin to weary of the confinement and can only with difficulty be got to understand that isolation is important, not for the patients sake alone, but for the other members of the family and the neighbours. Removal to Hospital will also allow the other members of the family to go to business, school, &c.

## NO. OF CASES OF SCARLET FEVER DURING THE LAST SEVEN YEARS.

	1887.		1888.		1889.		1890.		1891.		1892.		1893
No. of Cases.	84	...	63	...	95	...	44	...	19	...	37	...	30

Measles      Measles still continue endemic. It took rather a serious form in the month of September, when five deaths were registered in four weeks, three cases being of a malignant type. You caused bills to be issued asking parents and guardians to report cases of Measles, but fortunately the outbreak ceased as suddenly as it began, only two more deaths occurring during the remainder of the year, one in October and another in November. Measles caused nine deaths during the year, the numbers being fifteen and eleven for the years 1891 and 1892.

Table, shewing the number of deaths from Measles and Scarlet Fever since the year 1887 :

Year.				Measles.			Scarlet Fever.		
1887	...	...	...	3	...	...	...	15	
1888	...	...	...	13	...	...	...	5	
1889	...	...	...	3	...	...	...	8	
1890	...	...	...	7	...	...	...	5	
1891	...	...	...	15	...	...	...	1	
1892	...	...	...	11	...	...	...	1	
1893	...	...	...	9	...	...	...	3	

Notification  
of Measles.

The question of the notification of Measles is being discussed at present, some Medical Officers of Health being in favour of notification, others not. Personally I am sceptical about the advantages to be derived from notification, as “there is no doubt that Measles is infectious from the first sneeze or cough, that is, from the very beginning of the initial or prodromal stage (invasion). Hence the chief difficulty in checking its spread amongst the members of an attacked household. It is most infectious, however, in the eruptive stage, and probably not very infectious in the stage of desquamation.”—(*Eruptive and continued Fevers*, §. IV. Moore, p. 134.) As the eruption of Measles does not come out until the fourth day, the patient is spreading the disease right



and left for at least three full days, and, as the rash does not appear until towards the close of the fourth day, practically four days before the attendants know what disease the patient is suffering from. The eruption reaches its fullest development in thirty-six hours, and, in a few hours more, I suppose the most infectious period is past. Under these circumstances a Sanitary Authority has no time to enforce isolation during the most infectious period, and notification without isolation would simply be a money-spending farce. Nevertheless, a modified form of notification might be adopted, viz.: The notification of the first case in a household; the Sanitary Inspector could visit the house and leave a small handbill pointing out the infectious nature of the disease, its high mortality, and the necessity for isolating any other child that shewed commencing symptoms. He could visit the house at least once a week for a month or longer, and take note of any further cases. The Sanitary Committee would thus be kept cognisant of the spread of the disease, and would have data to go upon if the question of closing a school or schools arose. To pay half-a-crown for the notification of every case of Measles, would simply be spending the public money with no benefit in return. Notification of Measles in some form will come into force sooner or later, and I put forward the above as a tentative proposal.

Two cases of Croup were reported and both died.

Croup.

For some reason or another we have had six cases of Diphtheria. Diphtheria reported, and three of the patients died. The following sanitary defects were found:

- 1st Case.—Dirty back yard. Ordered to be cleaned.
- 4th „ Dirty back yard, with collection of stagnant water near the door, due to defective grid and drain. This was remedied.
- 5th „ Damp cellar, with strong stench arising from it, due to defective drain. This was remedied.
- 6th „ Insanitary surroundings, and dirty house. Ordered to be cleaned.

In the 2nd and 3rd cases no sanitary defect was found. Six cases of Diphtheria is altogether unusual for Royton, and I hope it will not be maintained. In no instance was a second member of a family attacked.

Enteric  
Fever.

We had six sporadic cases of Enteric Fever, with no deaths. In two cases the surroundings were poor, while no defect was found in the dwellings of the remaining four.

Erysipelas.

There were twelve cases of Erysipelas reported, with no deaths.

Whooping  
Cough.

There was only one death from Whooping Cough.

Infectious  
Diseases

Altogether 102 cases of Infectious Diseases were reported and 40 of them, cases of Smallpox, were sent to Hospital.

I visited all the cases of Smallpox before the removal, and confirmed the diagnosis. Every precaution possible was taken to prevent the spread of the disease. In almost every case we were able to get an empty house near at hand, to which the healthy members of the family were removed whilst the infected house was being fumigated. Really, under the Infectious Disease (Prevention) Act, 1890, we should have a proper Reception House, but the present arrangement has worked well so far; it is unsatisfactory in many respects. I have also visited most of the houses where Scarlet Fever, Croup, Diphtheria, and Enteric Fever have occurred. By warning householders of the dangers and risks to be encountered and by advising and insisting on isolation as complete as possible, I think I have in a slight degree contributed to the prevention of the spread of these diseases.

Tables of the number of cases reported and deaths from Infectious Diseases during the year 1893, are here added.

### NUMBER OF CASES REPORTED.

AGE.	Small-pox.	Erysipelas.	Scarlet Fever.	Croup.	Diphtheria.	Enteric Fever.	Total.
Under Five ... ..	8	1	16	1	1	...	27
Five and upwards...	38	11	14	1	5	6	75

### NUMBER OF DEATHS FROM INFECTIOUS DISEASES.

AGE.	Small-pox.	Measl's	Scarlet Fever.	Diphtheria.	Croup.	Whooping Cough.	Influenza.
Under Five ... ..	4	9	3	1	1	1	1
Five and upwards...	at West-hulme Hospital.	...	...	2	1	...	...

### TABLE OF NEW CASES OF SICKNESS

coming to the knowledge of the Medical Officer of Health during the years 1887 to 1893.

DISEASE.	1887	1888	1889	1890	1891	1892	1893
Smallpox... ..	...	9	...	...	..	3	46
Measles ... ..	...	109	...	...	...	...	...
Scarlet Fever... ..	84	63	95	44	19	37	30
Diphtheria ... ..	...	1	1	...	2	2	6
Membranous Croup.	...	1	...	1	2	3	2
Enteric Fever ...	1	4	8	9	10	5	6
Continued Fever ..	...	...	...	...	1	1	...
Puerperal Fever ...	...	...	...	1	...	2	...
Erysipelas ... ..	...	...	...	2	8	10	12
Typho-pneumonia...	...	2	2	1	1	...	...

**TABLE OF DEATHS FROM INFECTIOUS DISEASES**  
during the years 1887 to 1893.

DISEASE.	1887	1888	1889	1890	1891	1892	1893
Smallpox... ..	...	...	...	...	...	...	4 Died in Westhulme Hospital.
Measles ... ..	3	13	3	7	15	11	9
Scarlet Fever... ..	15	5	8	5	1	1	3
Diphtheria ... ..	1	...	1	...	1	...	3
Membranous Croup.	1	3	10	2	1	...	2
Enteric Fever... ..	1	1	..	1	1	...	...
Puerperal Fever ...	...	2	...	..	3	2	...
Erysipelas ... ..	...	...	1	...	...	..	...
Whooping Cough ...	...	...	6	2	6	20	1
Influenza ... ..	...	...	...	...	9	3	1

Death Rate  
from  
Infectious  
Diseases

This table shews 19 deaths from Infectious Diseases, to this number ought to be added four deaths which occurred in Westhulme Hospital amongst patients sent from Royton. The death rate from this class of disease is 1·7 per 1,000. In 1892 there were 37 deaths from these diseases, with a rate of 2·7 per 1,000

**DEATHS FROM OTHER DISEASES DURING THE YEAR 1893.**

Deaths	Diarrhœa and Dysentery	...	..	...	...	...	...	...	17
	Rheumatic Fever	...	...	...	...	...	...	...	2
	Pneumonia	...	...	...	...	...	...	...	36
	Phthisis	...	...	...	...	...	...	...	29
	Bronchitis...	...	...	...	..	...	...	...	26
	Heart Disease	...	...	...	...	...	...	...	22
	Injuries	...	...	...	...	...	...	...	2
	Cancer	...	...	...	...	...	...	...	6
	Diseases of Nervous System	...	...	...	...	...	...	...	26
	Convulsions	...	...	...	...	...	...	...	14
	Diseases of Digestive Organs	...	...	...	...	...	...	...	15
	Diseases of Urinary Organs	...	...	...	...	...	...	...	7
	Childbirth ..	...	...	...	...	...	...	...	1
	Premature Birth	...	...	...	...	..	...	...	10
	Old Age	...	...	...	...	...	...	...	5
	All other Diseases	...	..	...	...	...	...	...	31

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The whole mortality is 268, plus the four deaths from Smallpox equal to 272, giving a death-rate of 20·1 per 1,000. In 1892 the death-rate was 19·6.

### TABLE OF MORTALITY FROM ALL CAUSES AT THE SUBJOINED AGES.

	Under 1 year.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 65.	65 and upwards.	TOTALS
Males ...	46	32	4	5	42	17	146
Females .	29	11	8	11	43	20	122

The births of 232 males and 197 females were registered in 1893, that is 429 in all. The birth-rate is 31·7, the population being estimated at 13,500.

It is customary to give the rate of infant deaths under one year to 1,000 births : In Royton it is 174.

Of the 268 deaths registered in 1893, 118 or 44 per cent. were those of children under five years of age, and 75 or 28 per cent. were under one year.

### TABLE OF NUMBER OF BIRTHS, DEATHS, & DEATHS FROM INFECTIOUS DISEASES with the Rate per 1,000 for the years 1891, 1892, 1893.

	NUMBER.			RATE PER 1,000.		
	1891	1892	1893	1891	1892	1893
Births ... ..	415	417	429	30·8	31·0	31·7
Deaths... ..	282	263	268	21·0	19·6	20·1
Deaths from Infectious Diseases }	25	37	23	1·8	2·7	1·7

I have continued the house to house visitation at intervals, and the reports have been laid before your ordinary Committee meetings. The method of procedure has been to visit the houses with the Sanitary Inspector, who afterwards

House to  
House  
Visitation

re-visits and visits a third or fourth time if necessary to enforce my orders about white-washing, general cleaning of the house and yards. We have been able to make decided improvements in many houses as I have satisfied myself at a subsequent visit, but the difficulty is to maintain the cleanliness in a certain class of houses. We have not gone over very much of the district, but what has been done has been done well. The principal streets and districts visited were: Heyside, Higginshaw, Sarah Moor, Littlewood, Blackshaw Lane, Water Street, Oldham Road, Edge Lane, Simon's Court, Royley, Middleton Road, Downing Street, and Mill Street. (See Appendix for number of visits.)

Polluted  
Water  
Supply

Whilst making the house to house visitation in Sarah Moor, complaints were made to me about the unsatisfactory water supply. The supply was from a well which was built under the road, and in consequence of a street lamp having been fixed over it the water had been polluted to such an extent that, in my opinion, it was no longer fit for drinking purposes. After considerable trouble with one or two of the property owners, I was enabled to get the houses supplied with water from the mains of the Corporation of Oldham.

Dairies,  
Cowsheds,  
&c.,  
Regulations

I must again regret that no Bye-Laws for regulating dairies, cowsheds, and milkshops have been made. I still visit these places at intervals, and have not encountered any serious nuisance. Most of the milk from the farms is sold night and morning, and very little is stored. The cattle all seem to be very healthy, and suffer very little from disease.

Removal of  
Nightsoil

At one of the Committee meetings some reference was made to the cost of removing the nightsoil, and a small deputation was appointed to visit a district where the work was done by contract, and get information respecting the experience of doing the work in that manner. The opinions expressed by the gentlemen we saw were dead against doing the work by contract, and in favour of the Board's own workmen doing it as it is done in Royton. The nightsoil is still removed at night

by the Board's own workmen, and the district gone over every week. We have received no complaints regarding the non-emptying of sanitary pails, whilst such complaints are numerous where the work is done by contract.

The Board should now seriously consider the advisability of making all new closets (water-closets), and allow no more closets with the ordinary sanitary pail to be built. I believe there are now good forms of waste water-closets to be had, one of which the Board should recommend to be adopted in new buildings.

Water  
Closets

No change has to be reported in the condition of the slaughter-houses.

Slaughter  
Houses

The condition of one of the tripe-boiling places in Higginshaw has occupied your attention at several meetings. A complaint was lodged, signed by a number of householders (all with one exception living in Oldham), drawing the attention of the Board to the stench from the street grids when water was being sent down from this place, and also the smell when certain refuse was being boiled. I investigated the matter carefully and reported that, in my opinion, a nuisance existed. The occupiers of the premises were ordered to provide settling tanks and treat the refuse, and in the meantime to flush the drains well with water. The settling tanks have not yet been laid, and, from complaints made in the month of December, I believe the drains are not flushed as they ought to be. The Sanitary Inspector inquired into these recent complaints, but, as usual, nobody wanted their name mentioned, nobody wanted to have anything to do with it, and, as a result, we could get no definite charge which could be proved and sustained in a court of law, and so far we have been unable to close the place. One difficulty in dealing with the case arises from the peculiarity that, although the premises are situated in Royton, the drains run into the Oldham Corporation sewers, and it is these sewers which are polluted and from which the stench arises; the Royton sewers not being polluted. I believe that it is our duty to see that proper settling tanks are laid.

Tripe  
Boiling  
Places

Sewage  
Disposal  
Works

During the year a Refuse Destructor has been built with four cells and sufficient space left for two additional cells. The fumes from the Destructor will be passed through a cremator before going up the chimney, which is 70 yards high. In my opinion there will be no danger whatever of any nuisance arising from the fumes passing up a chimney of this height. The engine and sludge pressing machinery has been erected, and will very soon be in full operation. The treatment of the sewage at these works continues satisfactory. The works during the year have been visited by a large number of deputations from Corporations and Local Boards in various parts of the country. The general opinion expressed by those deputations was, that although the Board had spent a large amount of money on the works good value had been received.

Sewage  
Work

The work of sewerage the district is still proceeding.

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## APPENDIX.

### Summary of Visits made by the Medical Officer of Health and the Sanitary Inspector.

A large number of these houses, as mentioned already, were subsequently visited three, four, and five times by the Sanitary Inspector to see that the recommendations had been carried out, and attention given to the Notices served.

House-to-house Visitation, Heyside & Higginshaw District	257
,,          ,,          Downing Street                  ,,	89
,,          ,,          Royley                          ,,	52
,,          ,,          Edge Lane & Oldham-rd.      ,,	93
,,          ,,          Gravel Hole                  ,,	27
Inspection of Farms, Cowsheds, &c. ... ..	36

### Special Visits by Sanitary Inspector.

Houses tested with Smoke Test ... ..	24
Drains inspected at New Property ... ..	16
Blocked Drains, Waste Pipes, &c. ... ..	66

### Summary of Notices served during the year.

Whitewash and cleanse Houses ... ..	18
Connect Drains to Sewer ... ..	7
Defective Drainage ... ..	6
Supply Corporation Water ... ..	3
Offensive Trade ... ..	3
Defective Cesspools ... ..	2
,,    Ashpits ... ..	2
Insufficient Ashpit and Privy Accommodation ... ..	1
Overcrowded Lodging-house... ..	1

Summary of Vital Statistics, 1893.

Population at Census (1891) ... ..	13,395
Estimated Population ... ..	13,500
Births Registered ... ..Males 232	429
„ ... ..Females 197	
Deaths Registered ... ..Males 146	268
„ ... ..Females 122	
Deaths from Smallpox in Westhulme Hospital to be added to above ... ..	4
Deaths from the seven principal Zymotic Diseases ...	23
Annual Rate of Mortality per 1,000 living population...	20·1
Annual Rate of Mortality per 1,000 living population from the seven principal Zymotic Diseases ...	1·7
Deaths under one year to 1,000 births ... ..	174
Annual Rate of Births per 1,000 living population ...	31·7

Of the 268 deaths registered in 1893, 118 or 44 per cent. were those of children under five years, and 75 or 28 per cent. were under one year.

I remain, Gentlemen,

Your obedient Servant,

JAMES GARDNER, M.B., C.M.,

Medical Officer of Health.

29th January, 1894.



